

215037827
60589

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 129	Agency Case No. B5-086195	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/17/2015		TIME OF ACCIDENT 0645	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0703	09/17/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. SUPERIOR ST		PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	6.00		X DRIVEWAY EDGE			
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
1	1			10 1 1 1 10 2 5		
F	VEHICLE NO. 1					
1	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE		
V1/N	DRIVER UNKNOWN	PHONE		LOCAL NO.		V1/1 15
V2/N	DRIVER ADDRESS CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		LOCAL NO.		V1/2
G	OWNER UNKNOWN	PHONE		LOCAL NO.		V1/3
4	OWNER ADDRESS CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CITATION NO.		V1/4
H	LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY STYLE	ESTIMATED DAMAGE
1	VEHICLE	VEHICLE ID NO. (V1/N)	VEHICLE COLOR red	INSURANCE COMPANY UNKNOWN		TOTALLED \$ 150
V2/O	TOWED TO	TOWED BY	POLICY NO.			
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
V1/P	DRIVER	PHONE		LOCAL NO.		V2/1
V2/P	DRIVER ADDRESS CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		LOCAL NO.		V2/2
J	OWNER	PHONE		LOCAL NO.		V2/3
01	OWNER ADDRESS CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input type="checkbox"/> YES <input type="checkbox"/> NO		CITATION NO.		V2/4
V1/Q	LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY STYLE	ESTIMATED DAMAGE
V2/Q	VEHICLE	VEHICLE ID NO. (V1/N)	VEHICLE COLOR	INSURANCE COMPANY		TOTALLED \$
K	TOWED TO	TOWED BY	POLICY NO.			
10						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
VEH. # 0	NAME LILLY K HANLEY 4041 PAXTON DR, LINCOLN, NE 68521			03/04/2004		19 10 3 4 F
LOCAL NO.		MEDICAL FACILITY NAME Other		EMS SERVICE NAME		EMS RUN REPORT NO.
VEH. #	NAME					
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.
VEH. #	NAME					
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

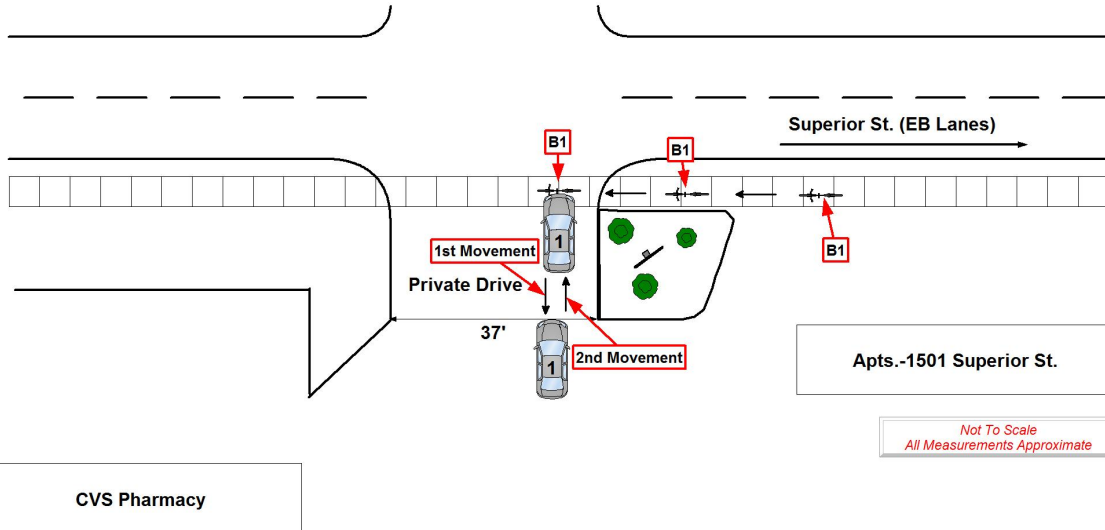
AGENCY CASE NO.
B5-086195

Indicate
North
by Arrow



POI-15ft 3in South of South
edge of Superior St.
-6ft 0in West of East
edge of private driveway

-17in AGL



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

B1 reports she was travelling WB on the south sidewalk of Superior St., on her bicycle, going to school at Goodrich MS. B1 said V1 was stopped across the sidewalk, facing NB, in the private driveway leading to the apartments at 1501 Superior St. and the CVS Pharmacy at 1401 Superior St. B1 said D1 began to back up, making her believe he was allowing her to cross. B1 said as she began to cross the driveway, V1 suddenly pulled forward and struck her, knocking her and her bicycle to the ground. B1 said D1 got out and apologized and asked if she was OK. B1 said D1 helped her get her bicycle and bookbags picked up, then sent her on her way, without providing her any information. V1 then left the area as well.

PROPERTY	OBJECT DAMAGED Purple Kent bicycle	OWNER NAME RUSTY D HANLEY (06-15-74)	ADDRESS 4041 PAXTON DR, LINCOLN, NE 68521	PHONE 3084302400	APPROX. COST OF DAMAGE \$ 150
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE
VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)		AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1
VEH NO.	N S E W ROAD OR HIGHWAY NAME				
1	X PRIVATE DRIV			4	9
2				4	9
1	01			1 Deployed - front	1 None used - vehicle occupant
2				2 Deployed - side	2 Lap & shoulder belt used
	06 Turning left			3 Deployed - both front/side	3 Shoulder belt only used
	07 Making U-turn			4 Not deployed	4 Lap belt only used
	08 Entering traffic lane			5 Not applicable/ No airbag available	5 Child safety seat used
	09 Leaving traffic lane			6 Unknown	6 Child booster seat used
	10 Parked				7 DOT approved helmet used
	11 Slowing or stopped in traffic				8 Costume helmet used
	12 Other				9 Restraint use unknown
	13 Unknown				
OFFICER NO. 840		TROOP/ TEAM/ BEAT 1		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Edward Simpson		INVESTIGATOR SIGNATURE Approved by Officer Edward Simpson		Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
				DATE OF REPORT	09/17/2015